to better water supply, sanitation and hygiene provided by UNHCR as well as food supplies donated by World Food Programme. Internally displaced population can be even much severely threatened by IDs than refugees to third countries, because they do not receive humanitarian or health assistance, or food supplies.

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Time: 15:45-17:45
Room: Room 1.40

Infectious diseases in asylum seekers crossing Schengen borders coming to European Union

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Yearly, approximately 200.000 illegal migrants cross Schengen border (SB) to EU and seek for asylum. Of them, 120.000 are coming from North and Sub-Saharan Africa, crossing Mediterranean Sea with substantial risk and direct travel-related morbidity. The aim of this communication is an overview of infectious diseases (IDs) reported by asylum centres among seekers crossing Slovakian-Ukraine border. Records of 12.435 illegal migrants and asylum seekers arriving asylum centres and refugee camps in East Slovakia, are analysed in period 2009-2013 and compared to similar centres and studies from Poland, Italy and Greece. Among 12.435 cases, 7.215 (58%) were children accompanied by 5.200 adults, coming from Middle East, central and South Asia (Iraq, Syria, Afghanistan, India, Sri Lanka, Bangladesh, Uzbekistan, Turkmenistan, Kazakhstan, Moldova, Ukraine) and North Africa (Eritrea, Ethiopia, Somalia, Sudan, etc.) Commonest acute IDs were upper respiratory infections (URTI)- 32% (pneumonia 12%), gastroenteritis - 7%, skin and soft tissue infections - (SSTI) 26% (impetigo, scabies, other ectoparasites). Intestinal parasites were found among 15% cases. Interestingly, tuberculosis (TB) was detected only in 118 patients (less than 1%), however 51% of TB cases were due to multiresistant (MDR) strains. Sporadic cases of morbilli, diphtheria and pertussis were noticed (less than 1%) during the last 4 years. Increasing number of migrants/asylum seekers has been observed during the last 10 years, those crossing SB from Ukraine to Slovakia. However, only few severe IDs, without single death were observed in Slovakia. Also, TB was very infrequent; however most of the TB cases were MDR.

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Innovations in surveillance of zoonotic disease

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Over the past fifteen years, Internet technology has significantly changed the landscape of public health surveillance and epidemic intelligence gathering. Disease and outbreak data is disseminated not only through formal online announcements by government agencies, but also through informal channels such as social networking sites, blogs, chat rooms, Web searches, local news media and crowdsourcing platforms. These data streams have been credited with decreasing the time between an outbreak and formal recognition of an outbreak, allowing for an expedited response to the public health threat. Collectively, these online sources create an image of global public health that is fundamentally different from the one produced by traditional public health surveillance infrastructure. Importantly these new tools now represent an emerging platform for zoonotic disease surveillance. This capacity has been illustrated most recently in China, where a hospital employee uploaded an image of an H7N9 patient's medical record to Sina Weibo – a popular Chinese social network similar to Twitter. The post was promptly deleted, but appears to have accelerated government acknowledgement of four new cases. The emergence of H7N9 also represents an opportunity to promote the One Health narrative. Engagement of the Twitter community through the use of the #OneHealth hashtag during the most intense period of the outbreak would have been a highly visible way to raise awareness and potentially provide real-time surveillance information. Dr. Brownstein will discuss the current capabilities and future directions in the use of the non-traditional data sources for the purposes of public health surveillance and rapid detection of emerging zoonotic infectious diseases.

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Participatory surveillance of zoonotic disease: Putting the public back in public health

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The Southern African Centre for Disease Surveillance (SACIDS) in collaboration with the East African Integrated Disease Surveillance Network (EAIDSNet) has designed and piloted One Health (OH) disease surveillance system in East and Southern Africa. Initially,